

California Department of Health Services (CDHS)
Office of Women's Health (OWH)
Women's Health Council Quarterly Meeting
May 24, 2006

Meeting Summary

Council Members in Attendance:

Beatriz Solís (Chair), Marj Plumb, Dr.PH (Vice Chair), Golnaz Agahi, Gilda Arrequin, Yali A. Bair, Ph.D., Bev Ching, Namju Cho, Crystal Crawford, J.D., Raquel Donoso, Rae Eby-Carl, Ellen Eidem, Ernestina Escaréno, Sandra Naylor Goodwin, Ph.D., Luz Alvarez Martinez, Shelley Mitchell, Gail J. Newel, M.D., Catherine Quinn, Diana E. Ramos, M.D., Sara Samuels, Dr. P.H., Crystal Hayling, Adele James, Judy Patrick, Alina Salganicoff, Mily Treviño-Sauceda, Amparo C. Villablanca, M.D., Tracy Weitz, Mary Wiberg, Jane Sprague Zones, Ph.D.

Council Members not in Attendance:

Renetia Martin, Joan Stevie, Ruth Holton-Hodson

OWH Staff in Attendance:

Terri Thorfinnson, JD, Jonelle Chaves, Tinah Concepcion, Leslie Holzman, Kiran Lanfranchi-Rizzardi, Renee Wagner

OWH Staff not in Attendance:

Zipora Weinbaum, PhD

Guests:

Adele R. Amodeo, MPH, Nancy Halpern Ibrahim, Lupe Gonzales, Sister Diane Donoghue, Lois Halpern

Other DHS Staff in Attendance:

Sandra Shewry, CDHS Director, Carolyn Pierson, Office of Multicultural Health

Call to Order & Introductions

Beatriz Solis, Chairperson, called the meeting to order at 9:30 am. Council members announced themselves through a brief introduction and each shared a recent professional or personal accomplishment.

Once introductions were concluded Beatriz Solis suggested that two agenda items, Council Governance and OWH Report, be moved to after lunch to make room for other issues on the agenda.

Welcome New Members

Beatriz Solis introduced California Department of Health Services Director, Sandra Shewry.

Sandra Shewry addressed the council and commended the existing members. They represent expertise specific to women's health topics as well as issues broader than women's health. Sandra explained how she had requested Terri Thorfinnson to complement the existing council members by reaching out to philanthropic partners. In doing so, interest was received from five California foundations and appointments were made to the Council of the following individuals representing foundations: Crystal Hayling, Blue Shield of California Foundation; Adele James, The California Endowment; Judy Patrick, The Women's Foundation of California; Alina Salganicoff, Kaiser Family Foundation; and Ruth Holton-Hodson, The California Wellness Foundation. As the newest members of the Women's Health Council, they were welcomed onto the Council and thanked for their time and efforts.

Department Reorganization

Sandra Shewry, Director of CDHS, summarized current department reorganization ideas. The current organizational ideas are in draft form and comments are being accepted by the executive staff. In addition, CDHS staff is working with legislators to craft language reorganizing the department. The draft organizational chart has the programmatic allocation of the current California Department of Health Services functions separated into two departments: 1) the Department of Public Health and 2) the Department of Health Care Services. Sandra stated that the Director of the Department of Public Health (including Emergency Preparedness Office) would be appointed by the Governor effective July 2007 and be a physician. The Department of Health Care Services Agency will operate as a separate department with the purchasing of health care services being its' core function. Some of the difficult issues to decide as a part of the reorganization include the possible separation and placement of programs. Examples of the complexity of the issues are to determine what regulatory function Licensing and Certification would have if it is closely aligned with public health, or if the Office of AIDS should be placed in public health or be broken apart and separated into each department. In recognition of the health disparities of women and minorities and the policy functions of the offices, both the Office of Women's Health and the Office of Multicultural Health are proposed to be in both departments. If the Office of Women's Health, hence the Women's Health Council, is placed in the Department of Public Health then access to data would continue to be good but access to the purchasing arm may be weakened. Sandra discussed the possibility of the offices of Women's Health and Multicultural Health being placed at agency level, moving the function to the cabinet level. Sandra prompted the group to address the question: How do we best advance and address women's health issues?

Sandra continued to discuss how this policy discussion should fall into 3 categories: governance, placement, and budget neutrality. She clarified details related to governance. There is speculation regarding who appoints the director, how long they serve, and whether they report directly to Governor. Second, issues regarding the placement of certain offices within the two departments. The Governor called for Cabinet to determine whether other programs or departments can be incorporated into the two organizational units (such as Office of Statewide Health Planning and

Development and Emergency Medical Services Authority). And third, budget neutrality. Sandra explained that at the moment of separation there will be no new costs associated with the reorganization as costs will be absorbed within the Departments. Currently the biggest risk is that the two departments will not talk to each other and/or share best practices.

The second speaker; Adele Amodeo, Executive Director of the California Public Health Association – North (CPHA), addressed the issue of department reorganization from a stakeholder perspective. She discussed the importance of public health which has been diminished by being under the Medi-Cal umbrella. Public health should be more visible in state government. CPHA is pleased the Governor has called for the separation of the Department because the legislation had been stalled. Adele stated that significant questions still remain that deserve debate. Adele questioned the proposal that a new department can be separately created out of the current organizational structure without creating new costs. The reality is that anytime something new is created it costs. CPHA is very concerned about superficial changes without thought to function just to keep the costs neutral.

An issue which she prompted the Council to consider is: Where has public health gone as a discipline over the last 30 some years? Public health as a set of functions had its greatest success in dealing with sanitation, education on maternal, child and adolescent health, immunizations, and contagious diseases. To create healthy communities that survive and thrive, public health has to take on chronic disease activities. Those issues should be brought into decision making in public health because of reduced federal funding. She explained a need to include preventive health and take advantage of critical changes in public health decision-making. The lack of an advisory committee at the Directorate level creates a lack of a broader health system. Thirty-seven states currently have advisory members with strictly policy or mixed policy/advisory status at directorate level. Some are of the advisory members are representatives of local boards of health. In previous years California had an independent director of public health. The statute that authorized it was allowed to sunset under the Reagan administration. Public health advocates value the ability of voices outside the environment of government to address public health policies and programs independently. Other issues to be considered are the aging of the public health workforce and the current condition of public health laboratories. Department of Public Health should find collaborations to work with schools to offer undergraduate majors and encourage young people to look for careers in Public Health. These pressing issues, Adele stated, have not been addressed in the reorganization proposal.

Discussion of the reorganization was opened up to Council members. Comments and questions were received from members, including the following:

- Raquel Donoso asked about the timing of the reorganization. Is the issue related to lack of access to care being considered as a public health issue?
- Isn't there an issue of sustainability beyond funding streams which fund the programs? In public health there will be no opportunities to continue to fund with

federal money provided by Medicaid. How is a Department of Public Health to obtain sufficient funding? The department needs to develop guiding principles that can be worked out prior to implementation of the reorganization. These principles could be shared by the two agencies to better achieve collaboration.

- How do you look at the big picture of women's health and ensure that integration gets addressed? What does it mean to "work together" - does the separation of the department into two make it more difficult? Can we look at this new department reorganization as an innovative way to approach existing issues? It was suggested the Department heads should meet regularly to ensure the Departments are working towards collaborative issues.
- The distinction between interventions (Department of Public Health) vs. the purchasing of health care services (Department of Health Care Services) makes it easier to understand the separation between the two departments.
- Discussion about the restriction of a medical doctor as the Director of the Department of Public Health. Council members asked the purpose behind the restriction? Sandra explained the Governor intent to demonstrate a focus on medical/sciences and as a mirror to the local county health offices.
- Tracy Weitz would like to see Office of Women's Health as a Cabinet position, with the possibility that Mental Health and Social Services can be folded in at some point in the future. Council members asked what are the leverage opportunities that can be gained by being placed in each department and/or elevated to a cabinet level program? How do you build in communication to ensure both Departments talk to each other? The administration recognizes that current structure dictates that public health and Medi-Cal work together because they need each other.
- Marj Plumb would like to see the Office of Women's Health elevated to the Cabinet level, as well. In her opinion, having this structure would enable higher access and the focus on women's issues heard at a broader level.
- Sandra Naylor Goodwin would like to see the office in both departments. Mental health is a public health issue and she would like to see it addressed in the new department (suicide and depression in particular).
- Alina Salganicoff discussed how through communication, integration, and collaboration public health needs to inform Medi-Cal policy. This integration and collaboration needs to be more than just connected servers.

The CDHS Mailbox reorg@dhs.ca.gov has been established for the purpose of contacting the department with concerns and comments related to the reorganization. Members are encouraged to voice their opinion regarding the reorganization and placement of the Office of Women's Health. Sandra encouraged the members, as

ambassadors of public health, to submit comments on the general policy document. The bill enabling the reorganization will be heard at the end of June in the Assembly Health Committee. Senate Bill (SB) 162 is the vehicle that allows for the change in Department reorganization. Amendments to the bill will be made by Senator Ortiz.

Helen Rodriguez-Trias Award Presentation:

Nancy Halpern Ibrahim was presented with the Annual Helen Rodriguez-Trias Award for Excellence in Community-Based Women's Health Leadership. Ms. Ibrahim's commitment to social, economic and environmental justice and access to health care as a fundamental human right appropriately celebrates the spirit of our late friend and women's health advocate, Helen Rodriguez-Trias.

Vote on Minutes (action item vote required):

The minutes from the January meeting of the Council were unanimously approved by the members.

Council Governance (action item vote required):

Members discussed the Council governance, copies of which were provided in the meeting packets. The new version of the governance document should reflect an increase of the number of Council members. Members recommended the May 2006 version of the operating guidelines should be approved. Council Members were informed the purpose of the executive committee (previously referred to as Steering Committee) is to deal with issues that come up between the meetings and to set the agenda for upcoming meetings. Working groups, once they are formed, will select their own chair. Working groups will be formed when needed to deal with specific time sensitive issues and dissolved when the work is done.

Council member terms are currently three years. Vacancies are filled by appointment by the Director of Health Services.

The governance document was approved as amended by unanimous vote of the members.

Two vacancies currently exist on the Executive Committee. The committee is comprised of: Chair, Vice Chair, Chief of OWH, and four at large members. The following members volunteered for consideration of the vacancies on the Executive Committee: Catherine Quinn, Mily Trevino-Sauceda, Alina Salganicoff, Sarah Samuels, Raquel Donoso, Jane Zones.

All interested members shared their reason for being part of the Executive Committee. Each Council member cast ballots for their selections to the Executive Committee. As a result of the vote, the following new Ad-Hoc members were welcomed to the Executive Committee: Raquel Donoso, Alina Salganicoff, Jane Zones and Sarah Samuels.

Prioritize Council Issues:

Council members were instructed to consider the establishment of new working groups. The Executive Committee met previously regarding the existing working groups and determined there was tremendous amount of overlap between the Programs Serving Women and Initiatives working groups. To more efficiently address emerging issues in women's health, the Executive Committee decided to eliminate both of the above working groups and form more topic specific groups. The Data and Medi-Cal Working Groups will remain intact and operational.

Council members were instructed to brainstorm on significant issues and vote on three priority issues that may produce tangible products or recommendations as an outcome of the working group's activities. If Council members would like to spearhead a small group to investigate or develop a workgroup separately, members were advised they can do so and then bring it to the full Council.

Expectations for each working group include the following: all working groups will select a Chair and a Recorder; notes/minutes should be developed for all the meetings. The lens of disparities and discrimination (in all it's forms and specifically racism) should be considered in every workgroup, while consideration is being given to what activities can be accomplished on the issue. There is a wide range of issues on which groups can work. Groups can be combined if that is the will of the group, for example a working group on human trafficking may also address sexual assault.

Council members were advised to consider the priority areas when discussing the formation of working groups.

Terri reiterated the five areas the Agency has prioritized, which were presented to the Council by Secretary Belshé at the January convening.

- (1) Healthy families and strong communities
- (2) Access to high quality and affordable health care coverage
- (3) Healthy life style behavior, physical activity and reversing the upward obesity trend.
- (4) Disabled and aged living independently
- (5) Prevention and response to natural or international disasters

Guidelines for choosing working group topics include issues that have timelines, identifying gaps, and whether or not the Council can contribute to a product or policy issue. The Council members were cautioned not to be lured into working on issues that may appear attractive or controversial, but have a limited ability to make an impact.

The following topics were suggested during the brainstorming session, and members were reminded they are not limited to only dealing with issues on this list. Voting occurred based on the listing of topics above. (Bolded items indicate those selected as working groups based on the most interest shown by a tally of votes.)

- ***Immigration and how policies affect women's health***
Luz, Beatriz, Crystal H, & Judy (18 votes)
- LEP translation – Medi-Cal reimbursement for translation services
- Long term care integration – legislative (watch for implementation – on hold)
- Integration and expansion of health services – general women's health visit not body parts. (on hold)
- Access to care (3 votes)
- ***Reorganization of CDHS*** (14 votes)
Marj, Tracy, Catherine & Raquel
- Emergency contraception – knowledge and awareness
- HPV vaccine - Gilda, Jane, Ellen (7 votes)
- Obesity/diabetes (add to food insecurity) – bills currently in legislature, state preparing a plan but not looking at it with a woman's lens - Sarah, Shelley, Rae & Raquel (9 votes)
- Border health issues (access to care in Mexico with stricter enforcement of border) food, candies, milk & cheese, lead and bacteria. Develop an effective tracking system for both sides of border on HIV/AIDS
- Breast and cervical cancer treatment (Medi-Cal)
- Prior consent for testing (feds are recommending no prior consent)
- Trafficking – implementation of statewide task force, track deliverables -- Namju, Crystal H. and Mily (5 votes)
- Women in prison – legislation re: health issues (federal receivership issue)
- ***Alcohol, drug and mental health – co-existing issues*** (14 votes)
Rae, Sandra, Crystal C., Adele, Tina, Shelley, Crystal H.
- Combine mental health issues with alcohol/drug
- Sexual assault/DV
- Homeless women's issues food insecurity
- ***GCIP program – Gail, Terri, Tracy***
- Hepatitis C – no state/federal funding streams (treatment thru Medi-Cal)
- HIV/AIDS – names reporting, testing consent – Tina (2 votes)
- Heart disease obesity and diabetes plans - Amparo (5 votes)
- Integration/expansion of services – Ellen & Catherine (5 votes)

Council members agreed there should be a standing committee to address issues related specifically to the reorganization of CDHS.

Adjourn